

GEORGIA DEPARTMENT OF PUBLIC HEALTH (DPH) LONG-TERM CARE FACILITY (LTCF) COVID-19 WEEKLY REPORT SUMMARY

- **COVID-19 Outbreaks**

- Continued outbreaks in the long-term care setting. Week 4 has reported 25 outbreaks as 02/02/2022. Please see Figure 1 on page 2 for reference.

- **Community Transmission**

- As of 9/10/2021, CDC recommends using its County-Level Community Transmission Data Tracker to determine community transmission level: <https://covid.cdc.gov/covid-data-tracker/#county-view>. This transmission tracker includes county-specific transmission indicators, which include **High** (red), **Substantial** (orange), **Moderate** (yellow) and **Low** (blue).

- **COVID-19 Breakthrough Cases**

- 3167 resident breakthrough cases reported during the 4-week reporting period ending on January 30, 2022. Breakthrough cases are anticipated as the vaccines do not have 100% efficacy. Generally, most breakthrough cases experience mild to no symptoms.

- **Proportion Estimates of COVID-19 Variants**

- We have included Nowcast data on page 4 and 5 of this report. We encourage facilities to check CDC's website for information about the Delta variant (<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>).

- **Resident & Staff COVID-19 Vaccination**

- Positive trend for staff vaccination. Vaccination is encouraged to stop the spread and protect against COVID-19. Please see Figures 9 and 10 on page 9.

- **Resident & Staff COVID-19 Cases and Deaths**

- Increase of cases among both residents and staff in the long-term setting.
 - Resident cases (921) have decreased by 34% (Table 3 and Figure 5 on page 6).
 - Staff cases (864) have decreased by 28%. (Table 3 on page 6, and Figure 7 on page 7).

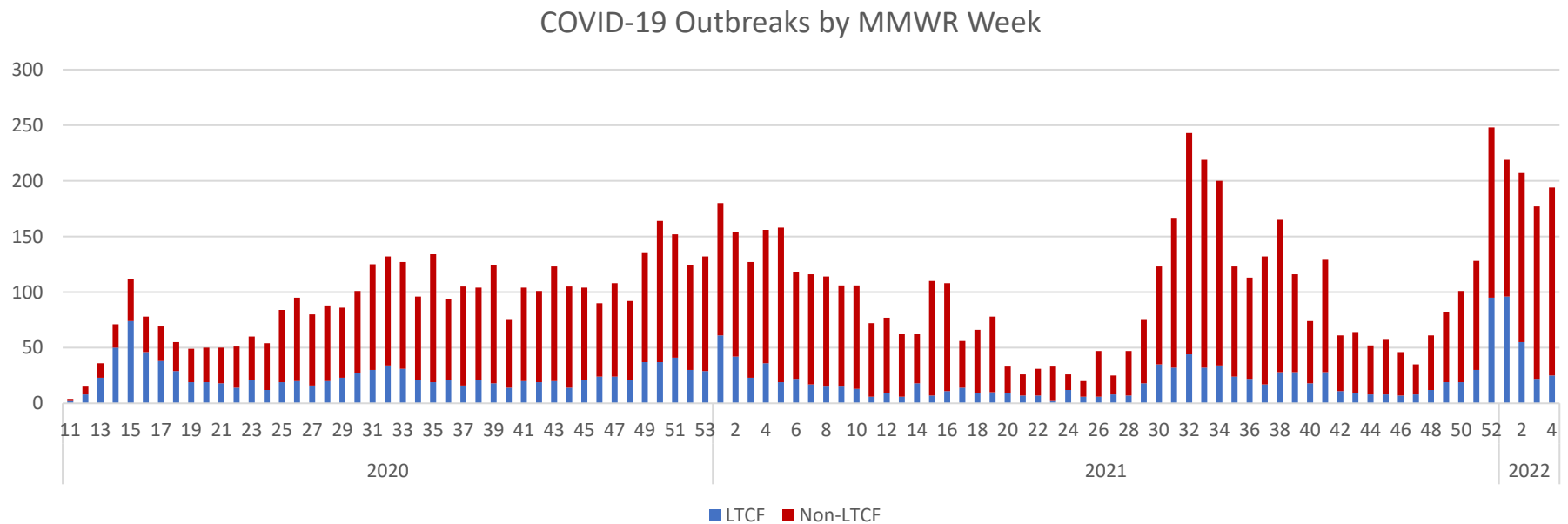
GEORGIA DEPARTMENT OF PUBLIC HEALTH (DPH) LONG-TERM CARE FACILITY (LTCF) COVID-19 WEEKLY REPORT (02/02/2022)

This report provides data and guidance updates for the Georgia Long-Term Care Community. Direct questions to Iman Bogoreh at iman.bogoreh@dph.ga.gov.

COVID-19 Outbreaks

COVID-19 outbreaks are reported to Georgia's State Electronic Notifiable Disease Surveillance System (SendSS) through the Outbreak Management System (OMS). All long-term care outbreaks by week are included in the graph below; the proportion of long-term care facilities include assisted-living facilities, personal care homes (25 beds or greater), and skilled-nursing homes.

Figure 1. COVID-19 Outbreaks



*Data are preliminary as of reported date and are subject to change

COVID-19 Community Transmission

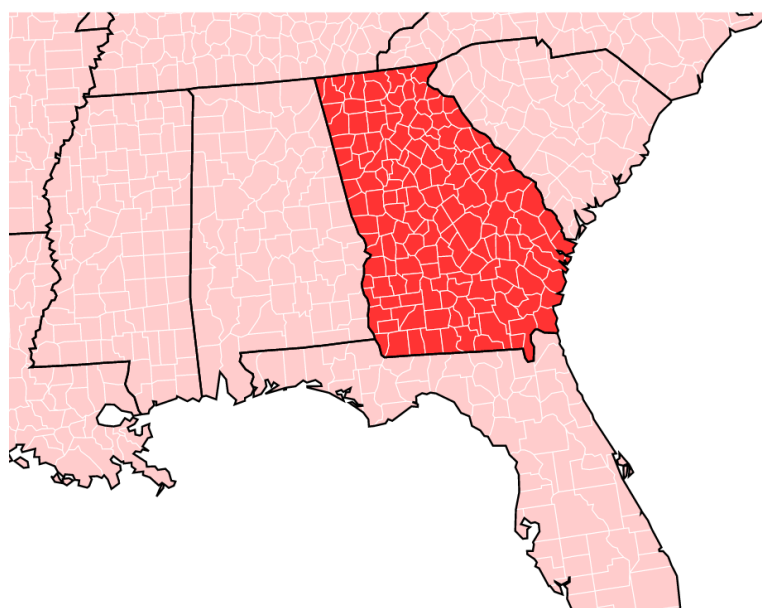
The summary below provides community transmission levels based on data reported to the Centers for Disease Control and Prevention. Case rate is based on data from January 25, 2022 – January 31, 2022 and percent positivity is based on data from January 23, 2022 – January 29, 2022. Community transmission for the state of Georgia is **high**.

Summary of Community Level Transmission

Table 1. Community-Level Transmission for the state of Georgia

Cases	95,591
% Positivity	25+%
Case Rate per 100,000	1100.5
Deaths	587
% of Population ≥ 5 Years of Age Fully Vaccinated	56.4%
New Hospital Admission (7-Day Moving Average)	637.71

Level of Community Transmission in Georgia



● High ● Substantial ● Moderate ● Low ● No Data

For a more detailed report on community transmission levels please visit https://covid.cdc.gov/covid-data-tracker/#county-view|Georgia|Risk|community_transmission_level

COVID-19 Breakthrough Cases

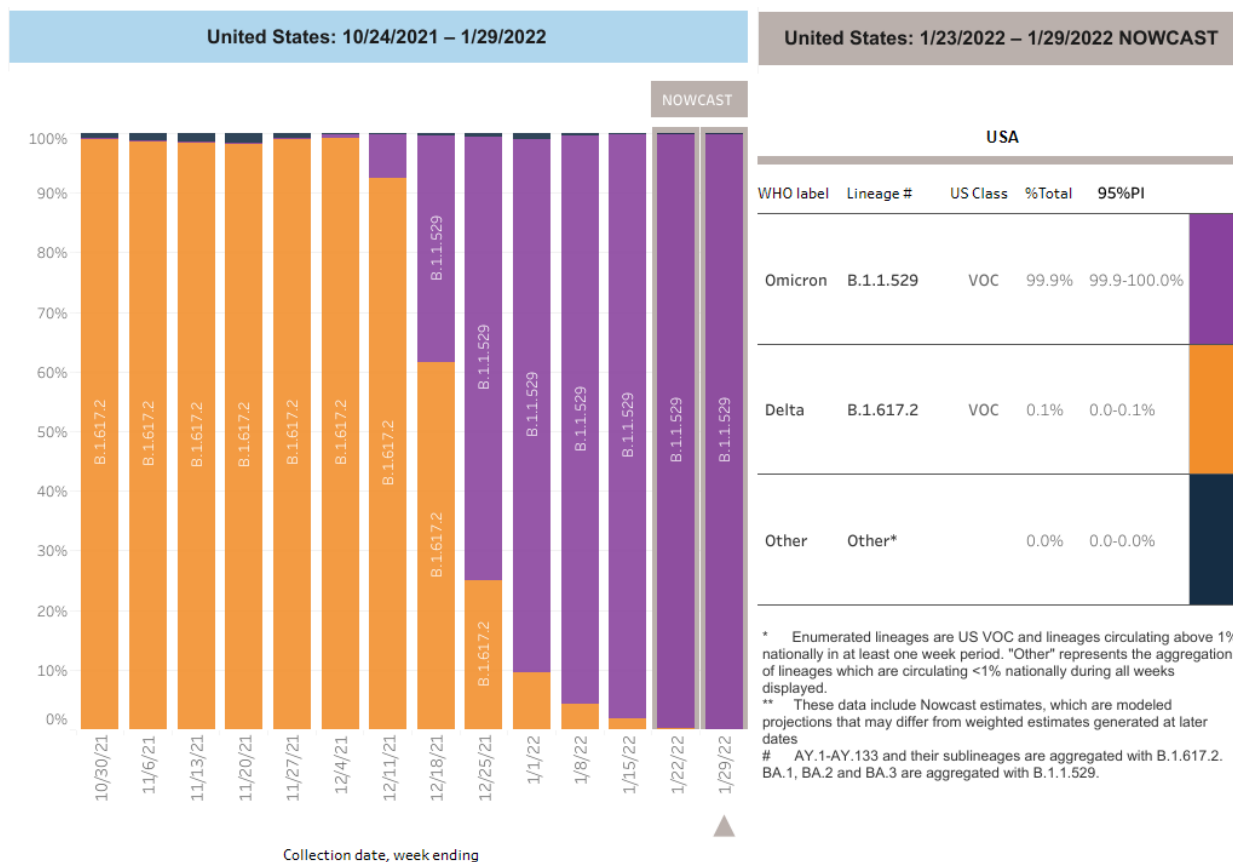
There are **3167** resident COVID-19 breakthrough cases reported to NHSN through a 4-week period ending January 30, 2022. A breakthrough case is defined as COVID-19 case that occurred in a person who has completed vaccination (e.g., 14 days post dose 2 of a two-series vaccine OR 14 days post dose 1 of a one-series vaccine).

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Proportion Estimates of COVID-19 Variants

Proportion estimates of COVID-19 variants are provided to DPH by the Centers for Diseases Control and Prevention (CDC). We have included data for the nation and the Southeast region.

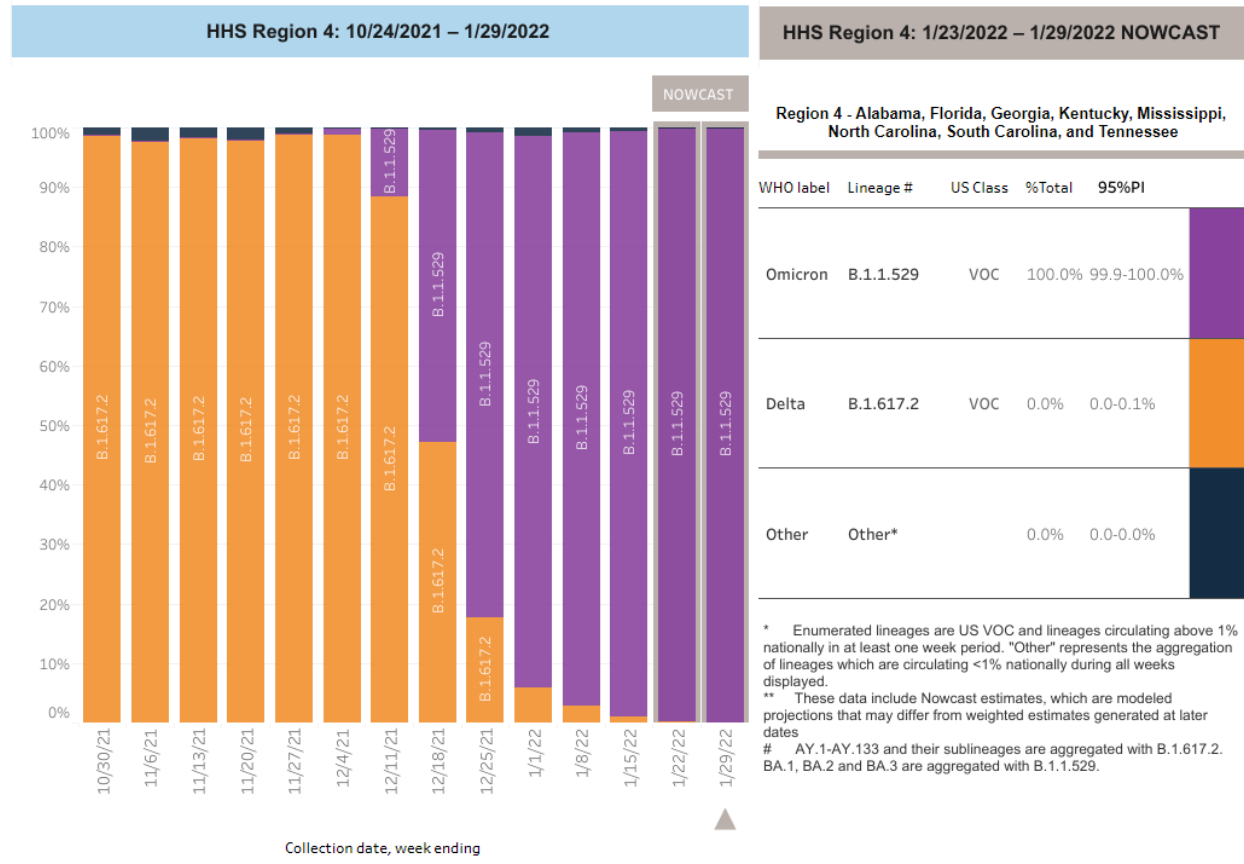
Figure 2. Nationwide Proportion Estimate of Variants



- The Omicron (B.1.1.529) variant predominates the nation. Nationwide, the CDC predicts that the Omicron variant accounts for 99.9% of all SARS-CoV-2 lineages circulating for the one-week period ending on 01/29/2022.
- DPH encourages vaccination of individuals aged 5 and up to protect against COVID-19.

The following link provides attributes of the variants mentioned in the graph above, including transmission and susceptibility to vaccines, monoclonal antibodies, and convalescent sera: <https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html>

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Figure 3. Southeast Region Proportion Estimate of Variants

- In the Southeast region, the CDC predicts that the Omicron variant (B.1.1.529) accounts for 100% of SARS-CoV-2 lineages circulating for the one-week period ending on 01/29/2022.

The following link provides attributes of the variants mentioned in the graph above, including transmission and susceptibility to vaccines, monoclonal antibodies, and convalescent sera: <https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html>

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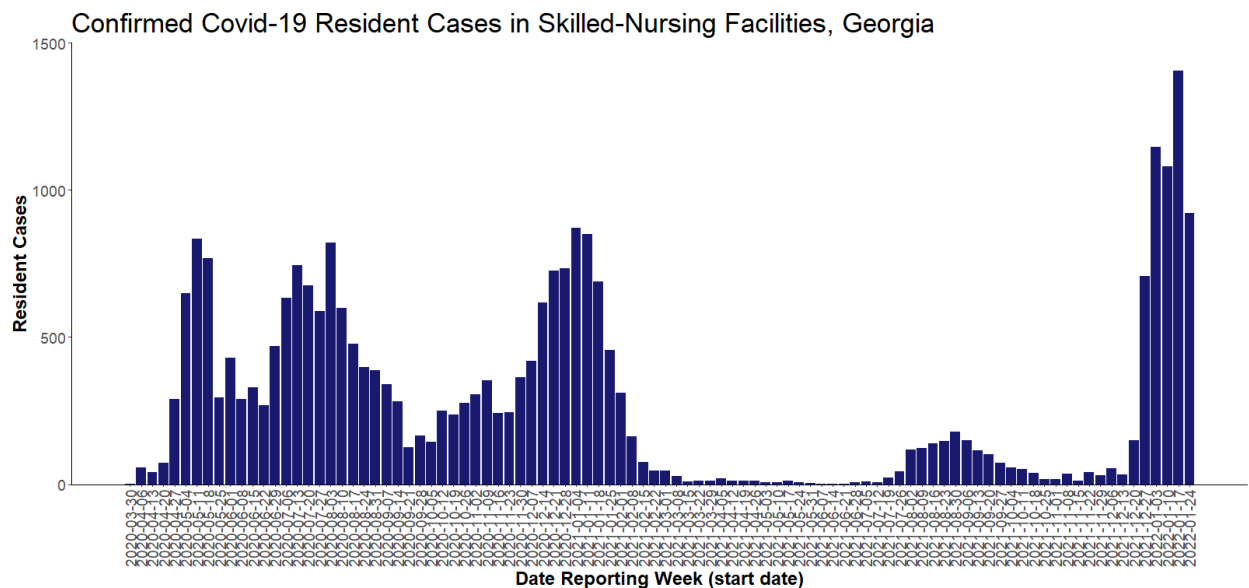
Resident and Staff COVID-19 Cases and Deaths in Skilled-Nursing Facilities

Resident and staff case and death counts are gathered from the CDC's National Healthcare Safety Network (NHSN). All 365 skilled-nursing facilities in Georgia are required by the Centers for Medicare & Medicaid Services (CMS) to report case and death counts to NHSN. A confirmed COVID-19 case is defined as a resident or staff newly positive for COVID-19 based on a viral test result. The test result may be from a NAAT/PCR or an antigen test. A COVID-19 death is defined as a resident or staff who died from SARS-CoV-2 (COVID-19) related complications and includes resident deaths in the facility AND in other locations, such as an acute care facility, in which the resident with COVID-19 was transferred to receive treatment. Data is presented for the 7-day period with the week start date.

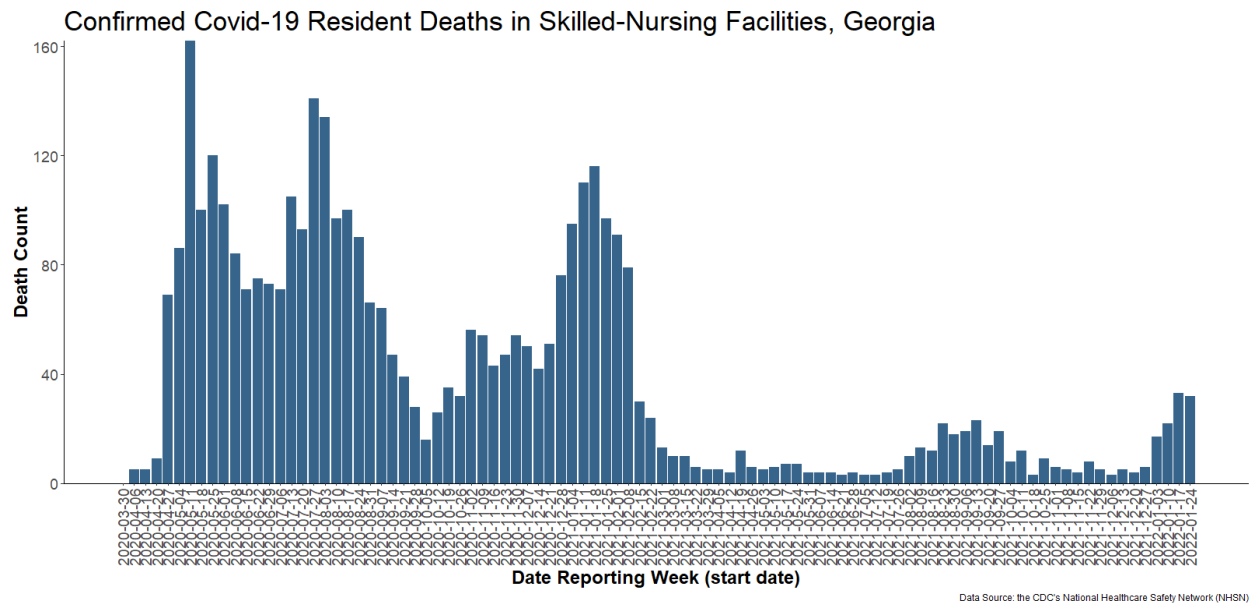
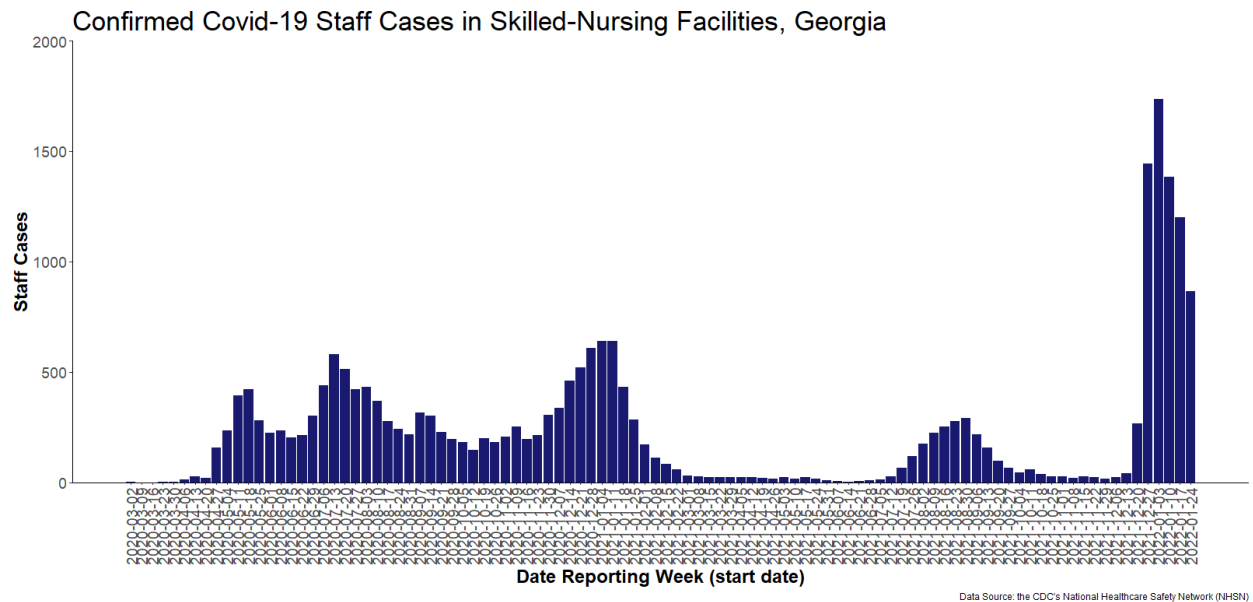
Table 2. Summary of NHSN Case and Death Counts

	Two Weeks Ago (Jan 10, 2021 – Jan 16, 2022)	Previous Week (Jan 17, 2021 – Jan 23, 2022)	Current Week (Jan 24, 2021 – Jan 30, 2022)	Cumulative data since March 02, 2020
No. of Resident COVID-19 cases	1,081	1,406	921	26,658
No. of Resident COVID-19 deaths	22	33	32	3,722
No. of Staff COVID-19 cases	1,384	1,201	864	23,057
No. of Staff COVID-19 deaths	0	2	0	60

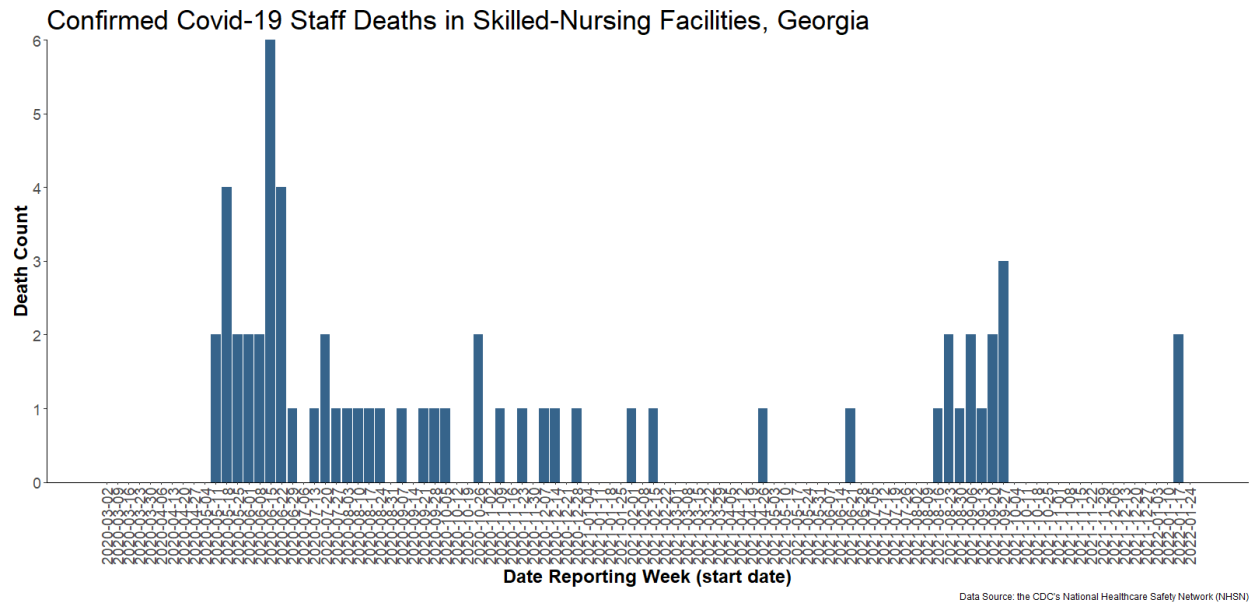
Figure 4. Resident COVID-19 Cases



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Figure 5. Resident COVID-19 Deaths**Figure 6. Staff COVID-19 Cases**

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Figure 7. Staff COVID-19 Deaths

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Percentage of Residents and Staff Vaccinated in Skilled Nursing Facilities

The data below summarizes the percentage of residents and staff vaccinated for COVID-19 in skilled-nursing facilities. Partial vaccination rate includes resident or staff that have only received dose 1 of a two-dose series (i.e., Pfizer or Moderna). Complete vaccination rate includes resident or staff that have received dose 1 AND dose 2 of a two-dose series and a dose of a one-dose series (i.e., Janssen).

Figure 8. Vaccination Coverage among Residents

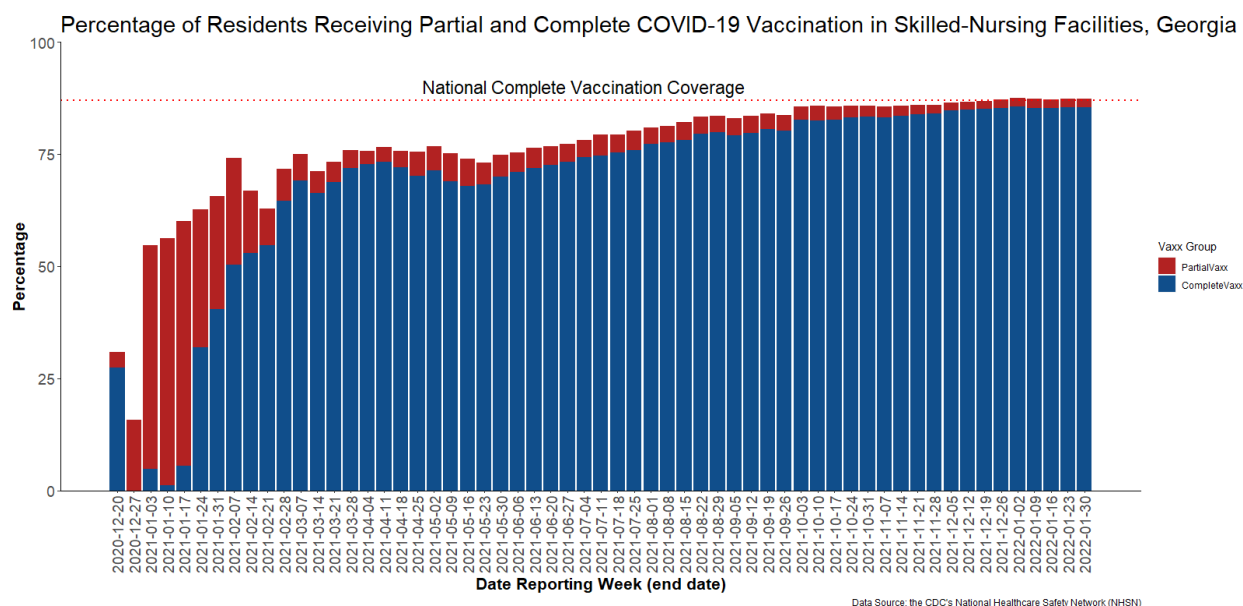
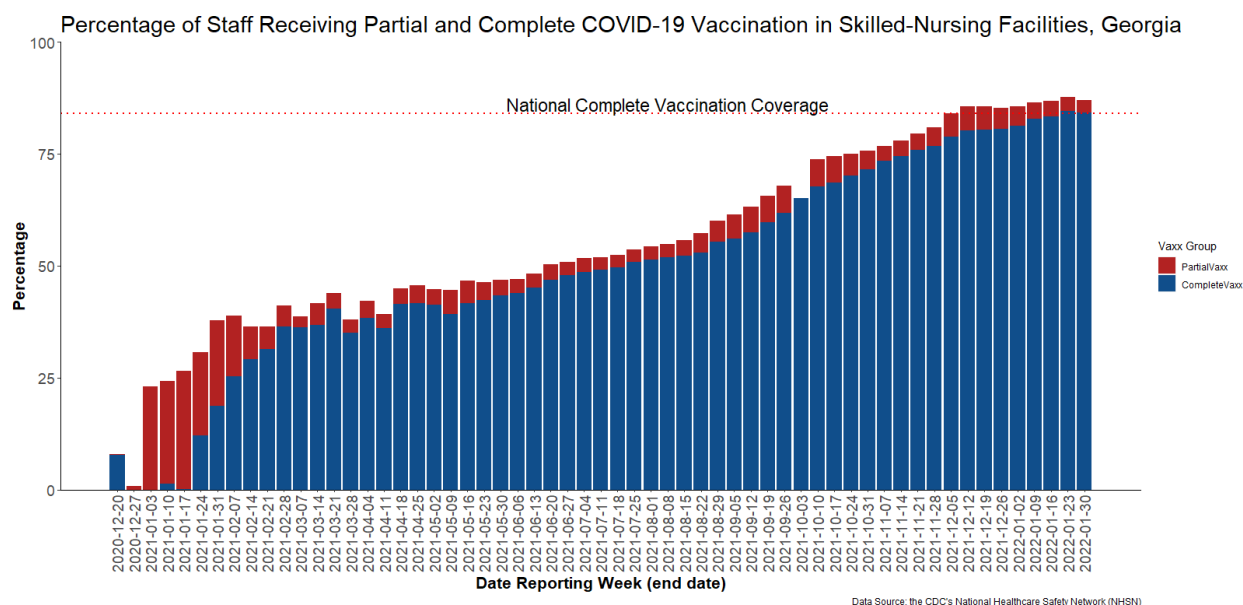
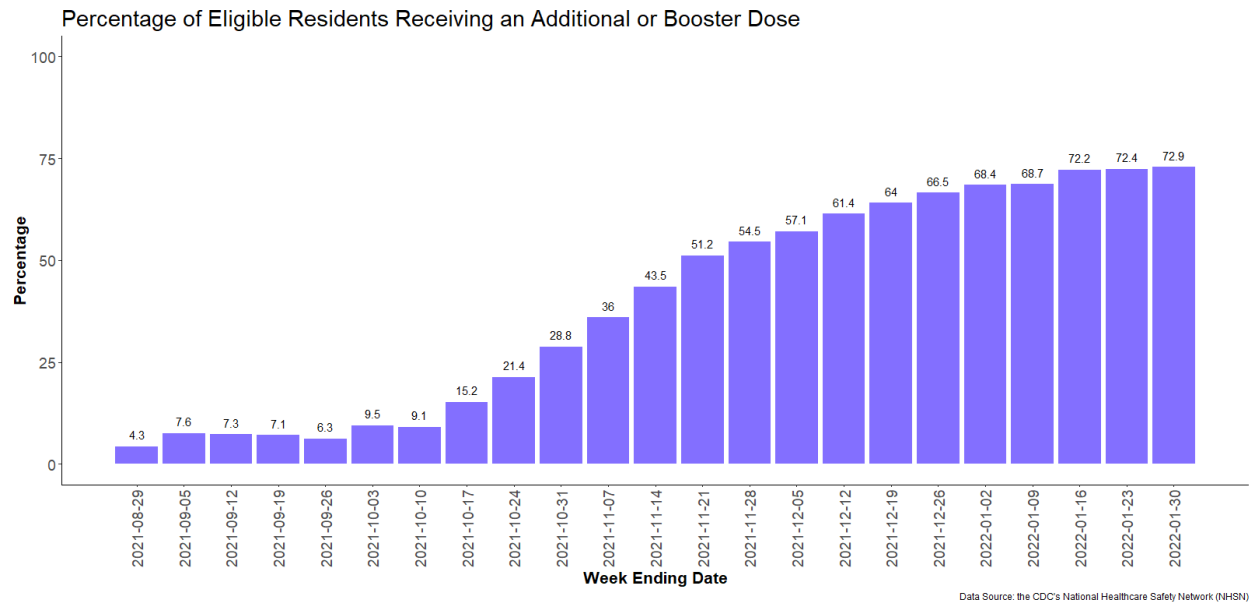
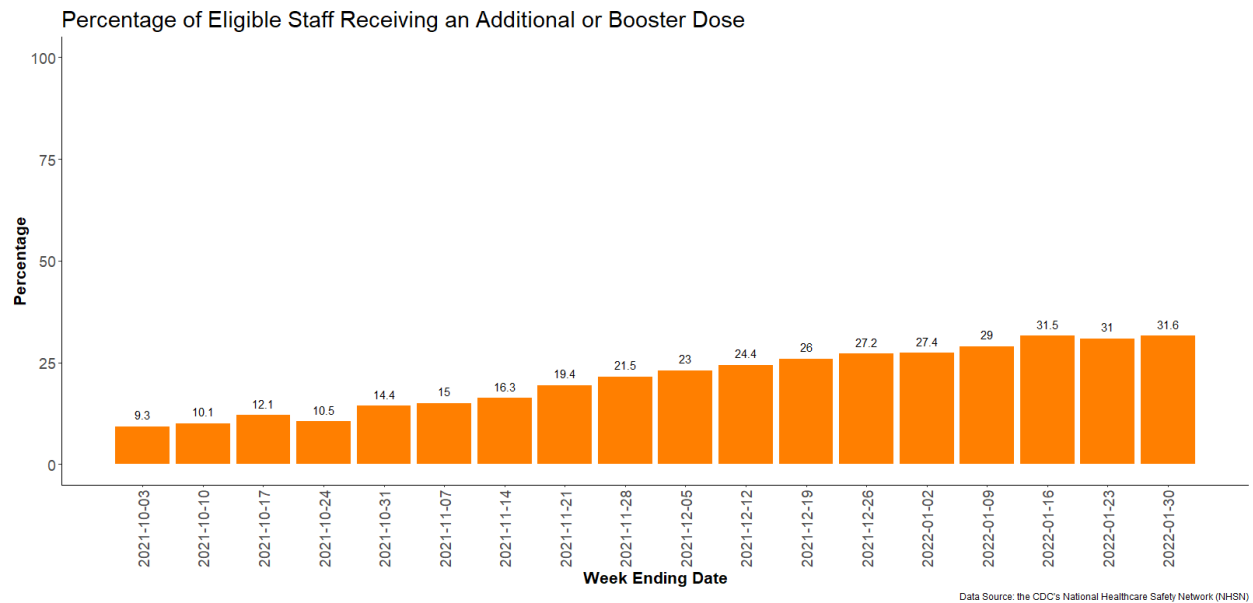


Figure 9. Vaccination Coverage among Staff



To view a list of vaccination rates for all US nursing homes, go to: <https://data.cms.gov/covid-19/covid-19-nursing-home-data>

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Figure 10. Percentage of Residents with a Booster Dose**Figure 11. Percentage of Staff with a Booster Dose**

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Treatment Options for COVID-19 in High-risk, Non-hospitalized Patients

1/21/22: DPH is currently evaluating the access to monoclonal antibodies within skilled nursing facilities (SNF). The State has an opportunity to provide molnupiravir to SNF through their pharmacy providers. To ensure therapeutics are available to facilities who currently do not have access to antiviral treatment, we are asking all SNF to complete the ReadyOp survey linked below. Link: <https://ga.readyop.com/fs/59GN/76fe>

The NIH COVID-19 Treatment Guidelines Panel currently recommends (<https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-therapies-for-high-risk-nonhospitalized-patients/>) one of the following therapies for non-hospitalized patients with mild to moderate COVID-19 who are at high risk for disease progression:

- Nirmatrelvir/ritonavir (Paxlovid™)
- Sotrovimab
- Remdesivir
- Molnupiravir

The NIH also provides guidance on prioritization of patients for COVID therapeutics.

<https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-patient-prioritization-for-outpatient-therapies/>

Oral antivirals

Two oral antivirals, Paxlovid™ and molnupiravir, have been approved under EUA to be taken by mouth twice daily for five days and must be started within 5 days of symptom onset. The initial federal allocations to Georgia are very limited. DPH has partnered with Walmart, Walgreens, and Good Neighbor Pharmacy Group (a group of small independent pharmacies) to distribute product to select stores throughout the state. As production and allocations of Paxlovid™ and molnupiravir increase, we hope to include additional pharmacy locations to increase availability throughout the state. HHS has provided a therapeutics locator for Paxlovid™ and molnupiravir <https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/>

EUA Paxlovid™: <https://www.fda.gov/media/155050/download>

EUA molnupiravir: <https://www.merck.com/eua/molnupiravir-hcp-fact-sheet.pdf>

Monoclonal antibodies

Monoclonal antibodies (mAb) should be considered during COVID-19 outbreaks or confirmed resident or staff exposures. For assessing staff exposure, review the CDC guidance at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>. On January 24, 2022, the FDA updated the Emergency Use Authorization (EUA) for two COVID-19

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monoclonal antibody treatments: Lilly's bamlanivimab plus etesevimab and Regeneron's casirivimab plus imdevimab (REGEN-COV). Because data show these treatments are highly unlikely to be active against the Omicron variant, which is circulating at a very high frequency throughout the United States, these treatments are not authorized for use in the U.S. at this time. Product return is **not** recommended. HHS has advised providers to hold REGEN-COV and bamlanivimab plus etesevimab as these products may be effective against future variants of COVID-19.

For storage concerns, consider transferring product to another location/site or health system/hospital: <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-limits-use-certain-monoclonal-antibodies-treat-covid-19-due-omicron>

Providers should review the prevalence of the Omicron variant in their region using CDC NOWCAST data found at <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>.

Note the change in order deadline for Sotrovimab. Please note, the deadline for requesting Sotrovimab is **Tuesdays at 5PM EST**. Ordering link for Sotrovimab: <https://ga.readyop.com/fs/59Dp/df9>.

Visit <https://combatcovid.hhs.gov/hcp/resources-clinicians> for mAb EUA Fact Sheets, NIH Treatment Guidelines, ordering, administering, billing, and reporting.

For LTCFs that wish to have on-site support for mAb treatment for residents: We refer to the Special Projects for Equitable and Efficient Distribution (SPEED) program. Partners have been enlisted to help order, deliver, and even administer mAb treatment.

The National Home Infusion Association (NHIA) can provide mAbs and staffing to administer mAb infusions; for more information, visit the NHIA health department page which includes provider-finder tools. For questions about the SPEED program, please email COVID19therapeutics@hhs.gov.

The American Society of Consultant Pharmacists (ASCP) works with long-term care pharmacies to assist LTCFs with ordering mAb treatment and accompanying supplies.

For LTCFs that wish to manage infusion administration on their own; more info is available here: <https://www.ascp.com/page/mab>.

Remdesivir

The FDA expanded the EUA for Remdesivir (Veklury™) to include non-hospitalized, high-risk outpatients. Remdesivir should be given within seven days of symptom onset intravenously x 3 days. <https://www.fda.gov/news-events/press-announcements/fda-takes-actions-expand-use-treatment-outpatients-mild-moderate-covid-19>. Remdesivir ordering is not managed through DPH. Contact your pharmacy vendor for ordering.

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Guidance Updates

On December 27, 2021, CDC updated isolation and quarantine guidance **for the community**.

[CDC Updates and Shortens Recommended Isolation and Quarantine Period for General Population | CDC Online Newsroom | CDC](#)

These updates are not intended to apply to healthcare settings. CDC's recommendations for healthcare personnel remain what are posted in the following guidance document, which were updated on December 23, 2021. An infographic included on these pages summarizes the key recommendations for work restriction for healthcare personnel with SARS-CoV-2 infection or with exposure to someone with SARS-CoV-2 infection.

[Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)

[Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)

On February 2, 2022, the CDC updated the healthcare infection prevention and control guidance to more closely align with the changes made for healthcare personnel which was released on December 23, 2021.

[Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)

[Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC.](#)

Additionally, OSHA has issued a statement on the status of their Healthcare Emergency Temporary Standard, which can be accessed here:

[COVID-19 Healthcare ETS | Occupational Safety and Health Administration \(osha.gov\)](#)

Booster Vaccination for LTCF Residents and LTCF Staff

See CDC current recommendations regarding booster doses: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>

Additional Vaccination Resources

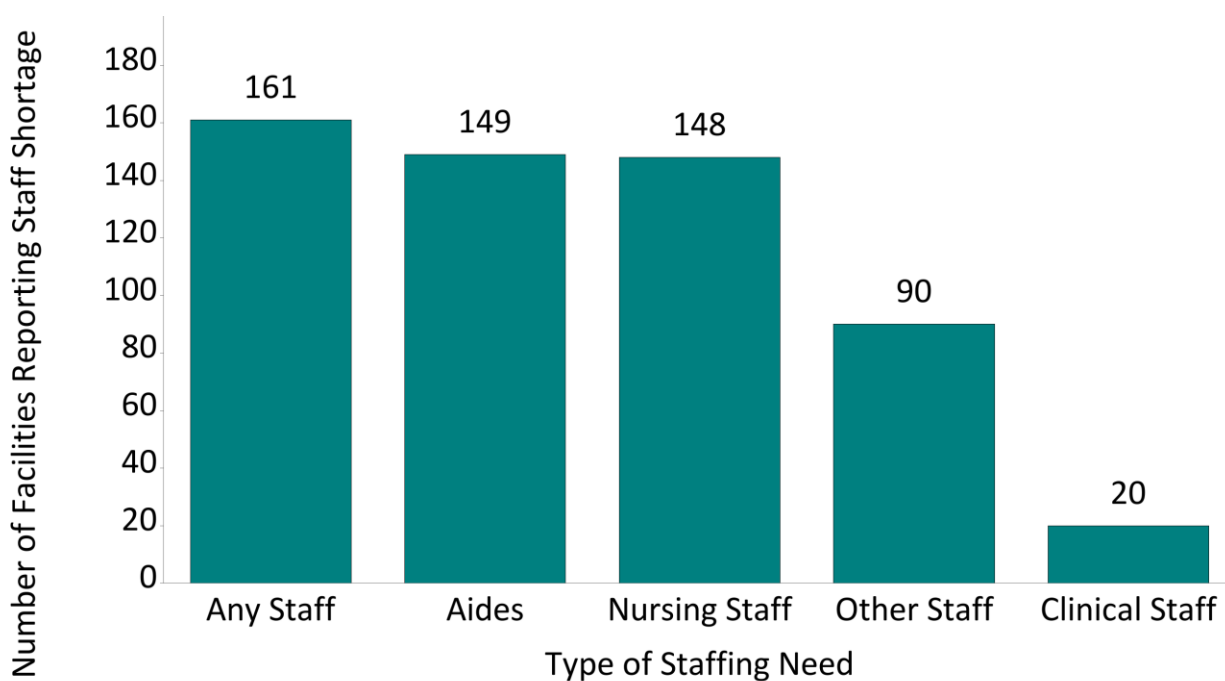
- Updated CDC recommendations regarding COVID-19 vaccines: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#overview-covid19-vax-recommendations>
- Georgia Long-Term Care Facilities requesting DPH assistance with booster doses, need to complete this survey: <https://www.surveymonkey.com/r/LTCBoosterPlan>. Additional questions regarding DPH vaccine support can be sent to: DPH-COVID19Vaccine@dph.ga.gov.

Reported Staff Shortages in Skilled Nursing Facilities

In NHSN, skilled nursing homes can report additional data on resource needs. The data below summarizes staffing shortages. Definitions for the categories are below.

- **Aides:** certified nursing assistants, nurse aide, medication aide, or medication technician
- **Nursing staff:** registered nurse, licensed practical nurse, or vocational nurse
- **Clinical staff:** physician, physician assistant, or advanced practice nurse
- **Other staff:** these personnel may include, but are not limited to, environmental services, cook, dietary, pharmacists, pharmacy techs, activities director, care givers, wound care, physical therapy, shared staff, etc.

Figure 12. Skilled Nursing Facilities in Georgia Reporting Shortages in Staff, 1/24/2022 – 1/30/2022



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Resources for NHSN Vaccination Reporting

We want to ensure that all skilled-nursing facilities are confident in reporting data to the National Healthcare Safety Network (NHSN) for the COVID-19 Vaccination module.

- Data entered the COVID-19 Vaccination module is cumulative! The numbers entered in for the reporting week should be the total sum for that week.
 - If you have 100 residents during the week of June 14, 2021 – June 20, 2021, the sum for all categories (e.g., Complete Vaccination, Partial Vaccination, Medical Contraindication, Offered but Declined, and Unknown Vaccination Status) should equal the total number of residents for that week. This is the same scenario for healthcare personnel.
- The CDC provides tracking worksheets to assist with data entry! If all the columns are filled out correctly the data will auto populate into the summary tab, so data entry will be more efficient.
 - The tracking worksheet for both residents and healthcare personnel can be found at the following link in the Supporting Materials section:
<https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>
 - Reference guide on how to use the vaccination tracking sheet:
<https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/tracking-worksheet-qrg-508.pdf>
- Additional Resources
 - Data entry guidance: <https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/data-entry-508.pdf>
 - YouTube video explaining the weekly COVID-19 vaccination reporting (28 minutes):
<https://www.youtube.com/watch?v=n5JTZslaLkK>
 - PowerPoint presentation to go along with YouTube video:
<https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/weekly-covid-reporting-508.pdf>
 - Alliant Health Quality provides additional NHSN training resources. Below are a few of the previous SHOP Talk webinars.
 - **November 2021 SHOP Talk COVID-19 NHSN Updates**
 - [VIDEO Recording](#) | [Slides](#)
 - **December 2021 SHOP Talk COVID-19 NHSN Updates**
 - [VIDEO Recording](#) | [Slides](#)
 - **January 2022 SHOP Talk COVID-19 NHSN Updates**
 - [VIDEO Recording](#) | [Slides](#)

Alliant NHSN contacts for assistance -
 Marilee H. Johnson, MBA, MT (ASCP)
 Technical Advisor, Infection Prevention
Marilee.Johnson@AlliantHealth.org | 919.695.8331

Amy Ward, MS, BSN, RN, CIC
 Infection Prevention Specialist
Amy.Ward@AlliantHealth.org | 678.527.3653

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Long-Term Care Facility (LTCF) Updates

The Healthcare Associated Infections team is currently working to update the long-term care facility administrative order. The current administrative order can be found on DPH's website (<https://dph.georgia.gov/administrative-orders>).

Infection Prevention

The Department of Public Health Infection Preventionist teams are available for Administrative order review, outbreak assistance for COVID and other infections that require infection control measures. This team is also available to review policies and procedures related to infection prevention.

Table 4. IP Contacts

State Region/Districts	Resource	Contact Information
North (Rome, Dalton, Gainesville, Athens) Districts 1-1, 1-2, 2, 10	Sue Bunnell and Mary Whitaker	Sue.Bunnell@dph.ga.gov (404-967-0582) Mary.Whitaker@dph.ga.gov (404-967-0578)
Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4	Teresa Fox, Cyndra Bystrom, and Renee Miller	Teresa.Fox@dph.ga.gov (404-596-1910) Cyndra.Bystrom@dph.ga.gov Renee.Miller@dph.ga.gov (678- 357-4794)
Central (Dublin, Macon, Augusta) Southwest (Columbus) Districts 5-1, 5-2, 6, 7	Theresa Metro-Lewis and Karen Williams	Theresa.Metro-Lewis@dph.ga.gov (404-967-0589); Karen.Williams13@dph.ga.gov (404-596-1732)
Southeast (Valdosta, Albany) Districts 8-1, 8-2	Connie Stanfill	Connie.Stanfill1@dph.ga.gov (404-596-1940)
Southwest (Savannah, Waycross) Districts 9-1, 9-2	Regina Howard	Regina.Howard@dph.ga.gov (404 967-0574)
Backup/Nights/Weekends	Jeanne Negley and JoAnna Wagner	Jeanne.Negley@dph.ga.gov (404-657-2593); Joanna.Wagner@dph.ga.gov (404-430-6316)

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